1438

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0142

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge — LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) HENRY (Last) BANGS

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	7/18/1873	80 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	log day	Maryland	U. S.

13. FATHER'S NAME: Charles Bangs

14. MOTHER'S MAIDEN NAME: Emma Bart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		219-03-4894	Nettie Bangs, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Arteriosclerosis, Cerebral Lesion

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 2/19, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Legg M.D. ADDRESS Union Bridge Md. DATE SIGNED 2-20-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	2/24/54	Pipe Creek Cem.	Carroll County	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 24, 1954	Luke L. Reese	D. D. Hartzler & Sons	Union Bridge, Md.

RECEIVED
FEB 23 1954
BUREAU V. S.

1439

01428

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Taneytown
LENGTH OF STAY (In this place): 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Taneytown, Md. R.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Taneytown
STREET ADDRESS (If rural, give location): Taneytown, Md. R.D.1

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) —— (Last) Bittle

4. DATE OF DEATH: (Month) 2/10/54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/4/1867

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith, Retired

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith Shop

11. BIRTHPLACE (State or foreign country): Adams Co., Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry Bittle

14. MOTHER'S MAIDEN NAME: Barbara Bittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Martin J. Rodkey Taneytown, Md. R-1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Cachexia secondary to metastasis — Interval between onset and death: 4 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) adenocarcinoma - lung - left — Interval between onset and death: 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerotic heart disease — Interval between onset and death: 20 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 1943, to 2-10, 1954, that I last saw the deceased alive on 12-30, 1953 and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter E Stevens M.D. ADDRESS: Taneytown, Md. DATE SIGNED: 2-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2/13/54
NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery
LOCATION (City, town, or county) (State): Silver Run, Carroll Co., Md.

DATE REC'D BY LOCAL REG.: Feb. 10, 1954
REGISTRAR'S SIGNATURE: Ethel M Mehring
24. FUNERAL DIRECTOR: J.W. Littlestown Per R.A. Little
ADDRESS: Littlestown, Pa.

RECEIVED
FEB 15 1954
BUREAU V. A.

1432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01429

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 2yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 Washington Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 129 Washington Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eva	Elizabeth	Bond	Feb	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec. 27 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Self	Frederick Co Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milton Mayo	Amanda Elizabeth Sigmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs Gharle Brandenburg Westminster Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of Gall bladder	6 Month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma Gall bladder	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1953, to Feb 22, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Mahaney	M.D.	Westminster Md	Feb 22-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 25/54	Finksburg	Carroll Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/25/54	[signature]	J. Elmer Sons	Reisterstown Md.

RECEIVED
FEB 24 1934
BUREAU V. S.

Item 18 Film G161 3-3-54 ams

01430

1440

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville — LENGTH OF STAY (In this place) since 2/19/44
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 929 E. Chase Street

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Milton (Last) BURKE

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2/13/29

9. AGE last birthday: 25 yrs. — If under 1 year: Months —, Days —; If under 24 hrs: Hours —, Min —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George Edward Burke

14. MOTHER'S MAIDEN NAME: Helen Mullin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service) --

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Encephalitis (non-epidemic) — 3 weeks

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ---Chronic encephalitis — 12 yrs.

(c) ---

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Psychosis associated with organic changes of the nervous system, spastic paraplegia. — 11 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --- — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --- — (CITY OR TOWN) --- (COUNTY) --- (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to Feb. 17, 1954, that I last saw the deceased alive on Feb. 17, 1954, and that death occurred at 1:17 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) I. Werbner, M.D. — ADDRESS Sykesville, Md. — DATE SIGNED 2/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 2-20-1954 — NAME OF CEMETERY OR CREMATORY Parkhurst Cemetery — LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Elmer W. Conklin — ADDRESS 424 E. Eager St.

1441

MARYLAND

STATE DEPARTMETT OF HEALTH

01431

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 8/16/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 3 Vol 4
STREET ADDRESS (If rural, give location) ---- Unk -

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) - (Last) CARMAN
4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: unknown
9. AGE last birthday: 84 ? yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (State or foreign country): Harford Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Carman
14. MOTHER'S MAIDEN NAME: Carrie Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): ---
16. SOCIAL SECURITY No.: unknown
17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331/X
Immediate cause (a) Cerebral hemorrhage — 5 days
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia — 3 days
(c) --

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration — more than 4 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to Feb. 20, 1954, that I last saw the deceased alive on February 20, 1954, and that death occurred at 4:05 A.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) I. Werbner, M.D.
ADDRESS Sykesville, Md.
DATE SIGNED 2/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 2-23-54
NAME OF CEMETERY OR CREMATORY William Watters mem.
LOCATION (City, town, or county) Forest Hill Rd Hoyd Md (State)

DATE REC'D BY LOCAL REG. 2-22-54
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR Marion E Kirby
ADDRESS Jarrettsville Md

RECEIVED
MAR 1 1954
BUREAU V. S.

1442

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

1. PLACE OF DEATH: COUNTY Carroll County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
LENGTH OF STAY (In this place) 2 hrs., 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Keedysville, Maryland RFD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
LOUISE COX	2 19 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	1873	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unk-	Unk-	Unk-	Unk-

13. FATHER'S NAME: Benjamin F. Santman
14. MOTHER'S MAIDEN NAME: Susan A. Lopp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Unk. ?	Unk.	Records, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Severe arteriosclerosis with old heart infarcts	Unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James F Monroe M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-20-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 23 1954	Antietam National Cemetery	Sharpsburg Washington Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2-20-54	C Harry Weed	Wm F Beard Sons Boonsboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MAR 1
BUREAU V. S.

1433

01433

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Westminster
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Bond

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 71 Bond

3. NAME OF DECEASED: (Type or Print) (First) ORVILLE (Middle) EUGENE (Last) EARHART

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 11-1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber & Coal dealer. Retired, not employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J.H.T. Earhart M.D.

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Greer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214-01-1710

17. INFORMANT & ADDRESS: Nellie M. Earhart 71 Bond St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary Thrombosis — Interval Between Onset and Death: 3 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension Coronary Sclerosis & myocardial degeneration — several yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 19 54, to Feb 28, 19 54, that I last saw the deceased alive on Feb 28, 19 54, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William Pickerd M.D. ADDRESS Westminster Md. DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF March 3, 1954 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) Silver Run — (State) Md.

DATE REC'D BY LOCAL REG. 3/1/54 — REGISTRAR'S SIGNATURE H. Crouse

24. FUNERAL DIRECTOR H. Bankard & Son — ADDRESS Westminster, Md.

RECEIVED
MAR
BUREAU V. S.

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01434

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Central Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Robert (Last) Eccle

4. DATE OF DEATH (Month) February (Day) 1 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5-24-84

9. AGE last birthday 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist - Engineer

10b. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Robert H. Eccle

14. MOTHER'S MAIDEN NAME Anna L. Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no

16. SOCIAL SECURITY NO. 705-05-5171

17. INFORMANT AND ADDRESS Mrs Marjorie Eccle - Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Cerebral Hemorrhage — Interval Between Onset and Death: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardio vascular disease — 8 years

(c) arteriosclerosis — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to 2-1, 1954, that I last saw the deceased alive on 2-1, 1954, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 2-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Interment — DATE 2-3-54 — NAME OF CEMETERY OR CREMATORY Crimmins — LOCATION (City, town, or county) (State) Cockeysville, Md.

DATE REC'D BY LOCAL REG. Feb. 2, 1954 — REGISTRAR'S SIGNATURE C. Harry Uhler

24. FUNERAL DIRECTOR Ulric Haight — ADDRESS Hyattsville, Md.

Ulric H. Haight

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Gamber
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
STREET ADDRESS (If rural, give location) Klee Mill Road

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Mollie (Last) Edmondson

4. DATE OF DEATH (Month) (Day) (Year) Feb.21,1954 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan.31,1892

9. AGE last birthday 62 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ------ - Campbell

14. MOTHER'S MAIDEN NAME ---- Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Walter Edmondson, R.F.D.#6 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma lung

Antecedent cause(s) (b) Secondary to carcinoma of lung.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Asthma prob. due to cancer

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 53

19b. MAJOR FINDINGS OF OPERATION Removal of breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-16-, 1953, to 2-21-, 1954, that I last saw the deceased alive on 2-20-, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette (Degree or title) Md. ADDRESS Westminster, Md. DATE SIGNED 2-23-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb.25-54

NAME OF CEMETERY OR CREMATORY Harmony Grove

LOCATION (City, town, or county) Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. 2/23/54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Weer & Haight, Sykesville, Md. ADDRESS

C. Harry Weer

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
LENGTH OF STAY (in this place): 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) EPUBINA (Last) HAINES

4. DATE OF DEATH: (Month) FEB (Day) 10 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	Feb. 14, 1868	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housework	Own home	Maryland	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Patience Nicodemus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Alfred M. Haines, Uniontown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arterio sclerotic C-V disease	years.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 52, to Feb 10, 19 54, that I last saw the deceased alive on Feb 9, 19 54, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE James I Thomas (DEGREE OR TITLE) M.D. ADDRESS Westminster Md DATE SIGNED 2-10-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 12, 1954	Methodist Cemetery	Uniontown Maryland

DATE REC'D BY LOCAL REGIS.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 12/54	Margaret R. Englar	C. O. Fuss & Son	Taneytown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 7 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 John St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — STREET ADDRESS (If rural give location) 31 John St. ✓

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) T. (Last) HAINES

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH: 8-5-1898 — 9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Tents Factory — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JULIAN WHEELER — 14. MOTHER'S MAIDEN NAME: SADIE RICHARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 219-05-2298 — 17. INFORMANT & ADDRESS: Carroll Co Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 171X — (a) Carcinoma Cervix (Squamous Cell).

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO — (b) metastases Secondary anemia

DUE TO — (c) cachexia

Interval Between Onset And Death: 8-10 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1953, to Feb 7, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 2:20 PM; from the causes and on the date stated above.

SIGNATURE (Degree or title) Wglenn Speicher — ADDRESS Westminster Md — DATE SIGNED 2-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-10-1954 — NAME OF CEMETERY OR CREMATORY Locust Grove Memorial Park — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 2-8-54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR C.W. Waltz — ADDRESS Westminster Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodbine Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location) Woodbine Heights

3. NAME OF DECEASED (Type or Print) (First) Blanche (Middle) Bell (Last) Harrison
4. DATE OF DEATH (Month) February (Day) 9 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 18, 1875
9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Henry Wolfe
14. MOTHER'S MAIDEN NAME Lydia Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. Algy Farber, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause 443X	(a) Cerebral Hemorrhage	11 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	20 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1954, to Feb 9, 1954, that I last saw the deceased alive on Feb. 8, 1954, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE W. B. Culwell (Degree or title) M.D. ADDRESS Mt. Airy Md. DATE SIGNED Feb. 9, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2-11-1954
NAME OF CEMETERY ~~OR CREMATORY~~ Morgan Chapel
LOCATION (City, town, or county) Carroll Co. (State) Md.
DATE REC'D BY LOCAL REG. 2-10-54
REGISTRAR'S SIGNATURE [illegible] M. [illegible]
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield. Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

439

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: Springfield State Hospital
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Sykesville, Maryland
LENGTH OF STAY (in this place) 3 Mo. 18day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 921 W. Ramsey St.
STATE Baltimore, Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EV 1-4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Heiland
4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 1-22-1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Vender
10b. KIND OF BUSINESS OR INDUSTRY: Vender
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Heiland, Sr.
14. MOTHER'S MAIDEN NAME: Cary May ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) DUE TO Arteriosclerotic Heart Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death Indef.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with alcohol intoxication, with psychotic reaction

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10, 1953, to 2-28, 1954, that I last saw the deceased alive on 2-28, 1954, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrude M. Gross, M.D. ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/3/54 NAME OF CEMETERY OR CREMATORY Freedom Park LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR March 1, 1954 REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR T. B. O'Mahoney 300 Eutaw Pleas ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]41

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Mary (Middle) Ada (Last) Hesson

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 10, 1864

9. AGE Last birthday: 89 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: E. Oliver Garner

14. MOTHER'S MAIDEN NAME: Emma Babylon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Clyde L. Hesson, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.1
(a) Chronic Myocarditis & Myocardial Degeneration (Non Rheumatic) — Interval Between Onset And Death: 15 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO
(b) Generalized Arteriosclerosis — 25 yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Arteriosclerotic Nephritis — 15 yrs.
Senility with Senile Dementia — 2 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20, 1942, to 2/9, 1954, that I last saw the deceased alive on 2/7, 1954, and that death occurred at 12:01 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. A. McVaugh M.D. Taneytown, Md. 2/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/12/54
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Feb 11, 1954
REGISTRAR'S SIGNATURE: Ethel M Mehring Local
24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 41

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Maryland
LENGTH OF STAY (in this place) IN MARYLAND: 6yrs. 8½mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 1224 Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) Broaders (Last) Hoffman

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-7-72

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Month / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: War Dept.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Hoffman

14. MOTHER'S MAIDEN NAME: Emma C. Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: Unk-

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia & Myocarditis — Interval Between Onset And Death: 11 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriorsclerosis — Years
DUE TO (c) Senile psychosis, simple deterioration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -----

19b. MAJOR FINDINGS OF OPERATION -----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ----

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ----- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 11-22-, 19 47, to 2-3-, 19 54, that I last saw the deceased alive on 2-3- 19 54, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE Ilse Kamm, M.D. (Degree or title)
ADDRESS Springfield State Hosp., Sykesville, Md.
DATE SIGNED 2-4-54

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF 2/6/54
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county): Baltimore
(State) Md

DATE REC'D BY LOCAL REGISTRAR: Feb 4 1954
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: J. T. Stansbury
ADDRESS: 2700 Edmondson Ave.

VS. A15

REGI
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 132 E. Green

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANDREW	F.	HOOD	Feb	14	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	Nov. 2-1890	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Grocer own store		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George W. Hood	Mary Elizabeth Reindollar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Cecelia Hood Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Coronary occlusion	Minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Coronary artery disease	Several years
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Hood M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Feb 16-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-18-1954	Westminster Cemetery	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/18/54	H. Woodward	H Bankard Son, Westminster Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, correctly and legibly. Physician: please write the causes of death clearly and legibly. age is especially important.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 19 1954

1436

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 3½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Stoner Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 28 Stoner Ave.

3. NAME OF DECEASED: (Type or Print) (First) SYLVIA (Middle) HELEN (Last) JENKINS

4. DATE OF DEATH (Month) Feb. (Day) 1 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Feb. 26. 1927	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own home	Carroll Co. Md.	U.S.A.

13. FATHER'S NAME: James Howard Foxworthy

14. MOTHER'S MAIDEN NAME: Margaret St. Block

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nellie E. Foxworthy 13 Johns St. Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

353.3
Immediate cause (a) Epilepsy — Year

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Feb. 1-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-4-1954	Locust Grove	Frederick Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/3/54		E. M. Waltz	Winfield, Md.

VS. A15A - 5 - 53

1450

M

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 10/8/20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 24 S. High Street

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) - (Last) KATZ

4. DATE OF DEATH (Month) February (Day) 15 (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 1900

9. AGE last birthday 53 ? yrs. If under 1 year: Months - Days - If under 24 hrs: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Katz

14. MOTHER'S MAIDEN NAME Rebecca Greenspan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) --

16. SOCIAL SECURITY No. unknown

17. INFORMANT AND ADDRESS Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Gastric carcinoma — INTERVAL BETWEEN ONSET AND DEATH ?

Antecedent cause(s) ---

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ---

(c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hebephrenic schizophrenia — 34 yrs.

19a. DATE OF OPERATION ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No X ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) --- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to Feb. 15, 1954, that I last saw the deceased alive on Feb. 15, 1954, and that death occurred at 12:15 Am., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 2/17/54 NAME OF CEMETERY OR CREMATORY University Med School LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 2-17-54 REGISTRAR'S SIGNATURE C. Harry Ewer

24. FUNERAL DIRECTOR Frances A Hemsley 5 N Biddle St ADDRESS

MARGIN RESERVED FOR BINDING

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1451

11445

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 3-31-53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) -18 S. High Street ✓

3. NAME OF DECEASED (Type or Print): (First) Benjamin — (Middle) — (Last) Kritt

4. DATE OF DEATH: (Month) February (Day) 12 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: unknown 1888

9. AGE last birthday: 66? yrs. — If under 1 year: Months. Days. — If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Russia ✓

12. CITIZEN OF WHAT COUNTRY? unkn.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): 1911-1918

16. SOCIAL SECURITY No. — —

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X
Immediate cause (a) Cerebral vascular accident with left hemiplegia — 39 hrs

Antecedent cause(s) Cerebral arteriosclerosis — more than one year

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic hypertensive vascular disease

(c) Chronic brain syndrome associated with circulatory disturbance, with cerebral arteriosclerosis, with psychotic reaction — about one year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, OF office bldg., etc.): — INJURY | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 31, 1953, to Febr. 12, 1954, that I last saw the deceased alive on February 12 1954, and that death occurred at 10 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: Florian Nadolski, M.D. Sykesville, Md — DATE SIGNED: 2-12-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb 15/54 | NAME OF CEMETERY OR CREMATORY: Chesed Shalom Cemty | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 2/15/54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Sol Levinson Bro. | ADDRESS 1126 W. North ave

452

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 46

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.
LENGTH OF STAY (in this place) 5mo. 17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural give location) (Last residence) Church Home & Hospital

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) K. (Last) Kurtz

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-26-63
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Unknown~~ George Schmidt
14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Elizabeth Otto

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) DUE TO Myocardial degeneration

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Chronic brain syndrome associated with senile brain disease with psychotic reaction.

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION ----
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) -----
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 10-2-53 to 2/6/, 1954, that I last saw the deceased alive on 2/5/, 1954, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Md. ADDRESS Springfield State Hosp. Sykesville, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/9/54
NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.
LOCATION (City, town, or county) (State) Woodlawn Cem.
DATE REC'D BY LOCAL REGISTRAR 2-8-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1453

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 57

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lyksville

LENGTH OF STAY (in this place) life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Lyksville

STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Earl (Last) Littrell

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 16, 1954

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 2 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Charles Littrell

14. MOTHER'S MAIDEN NAME: Hattie Rose Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wm. C. Littrell - Lyksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congenital deformities — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Premature — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16/54, to 2/16/54, that I last saw the deceased alive on 2/16/54, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 2/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-17-54 — NAME OF CEMETERY OR CREMATORY Springfield — LOCATION (City, town, or county) Lyksville, Md — (State)

DATE REC'D BY LOCAL REG. Feb. 17, 1954 — REGISTRAR'S SIGNATURE C. Harry Ebert

24. FUNERAL DIRECTOR Elliott Haight - Lyksville, Md — ADDRESS

Elliott A. Haight

VS. A15 8-51

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1437

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER
LENGTH OF STAY (in this place) 41 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 506 E. MAIN ST. Extd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER Rural
STREET ADDRESS (If rural, give location) 506 E. MAIN ST. Extd.

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) LEE (Last) LONG

4. DATE OF DEATH: (Month) FEB (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: AM. WH.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT 7, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Westminster Shoe Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Wesley Long

14. MOTHER'S MAIDEN NAME: Johnny Long

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-09-3652

17. INFORMANT'S ADDRESS: Norman Long 3-041 E. Main

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE FAILURE	24 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO SEVERE PULMONARY EMA[illegible]A	10 YRS
	(c) DUE TO BRONCHIAL ASTHMA	15 YRS
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	CHRONIC BRONCHITIS	10 YRS

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov, 1953, to 2/27, 1954, that I last saw the deceased alive on 2/27, 1954, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William Lewis Stewart, M.D. ADDRESS W. E. S. MINSTER, MD DATE SIGNED 2/28/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF March 2, 1954 | NAME OF CEMETERY OR CREMATORY Meadow Branch Cemetery | LOCATION (City, town, or county) Westminster, Md. (State)

DATE RECD BY LOCAL REG. 3/1/54 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR H. Bankard Son ADDRESS Westminster, Md.

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1454

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Gamber
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sykesville R 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster
STREET ADDRESS (If rural, give location) Liberty Street

3. NAME OF DECEASED (Type or Print) (First) Lilly (Middle) Mae Arnold (Last) Lotz
4. DATE OF DEATH (Month) Feb. (Day) 14 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 26, 1888
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY Private Homes
11. BIRTHPLACE (State or foreign country) Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George W. Arnold
14. MOTHER'S MAIDEN NAME Frances E. Bowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 217-03-5301
17. INFORMANT AND ADDRESS E. Bayard Arnold R 3 Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 X

Immediate cause (a) Cancer of lung metastasized extending to cranium

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

260 X (c)

INTERVAL BETWEEN ONSET AND DEATH 9 Mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Feb. 14 1954, that I last saw the deceased alive on Feb. 12, 1954, and that death occurred at 8 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. Reeselvilkens M.D. Westminster Md 2/15/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 17, 1954
NAME OF CEMETERY OR CREMATORY Mr. Pleasant Cemetery
LOCATION (City, town, or county) (State) Nr. Gamber Md.
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS John R. Byers Westminster, Md.

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BUREAU V. S.

1455

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) D (Last) LOWMAN

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 25-1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry A Lowman

14. MOTHER'S MAIDEN NAME: Pearl Haines

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Grace S Lowman, Union Bridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 10 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1953, to Feb. 14, 1954, that I last saw the deceased alive on Dec. 1, 1953, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. E. Robertson M.D. ADDRESS New Windsor Md. DATE SIGNED 2/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb 17-1954

NAME OF CEMETERY OR CREMATORY Lutheran

LOCATION (City, town, or county) (State) Uniontown, Md

DATE REC'D BY LOCAL REGISTRAR Feb. 16, 1954

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR D D Hartzler & Sons, ADDRESS New Windsor, Md

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

451

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Westminster
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Westminster
STREET ADDRESS (If rural give location) Route 4

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Brown (Last) Mann

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 1, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Sandymount, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton I. Mann
14. MOTHER'S MAIDEN NAME: Josephine Whalen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Thos. Mann, Rt.4, Westminster, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

Immediate cause (a) Generalized Carcinomatosis

DUE TO (Unknown as to organ. Intra-abdominal)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ none Not While At Work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Apr. 15, 1941, to Feb. 2, 1954, that I last saw the deceased alive on Feb. 1 1954, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE D. D. Caples (Degree or title) M. D. ADDRESS Reisterstown, Md. DATE SIGNED Feb. 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 4 54
NAME OF CEMETERY OR CREMATORY Calvary Cemetery
LOCATION (City, town, or county) (State) Gamber, Carroll Co. Md.
DATE REC'D BY LOCAL REGISTRAR 2/3/54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

457

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville LENGTH OF STAY (in this place) since 4/7/33	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 601 Salem Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) Arthur	(Middle) H.	(Last) MARPEL	4. DATE OF DEATH (Month) February (Day) 11 (Year) 1954
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 1/31/69	9. AGE last birthday 85 yrs. If under 1 year Months — Days — If under 24 hrs Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse-cattle dealer	10b. KIND OF BUSINESS OR INDUSTRY --- Unk -		11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME Hesekiah Marpel			14. MOTHER'S MAIDEN NAME Mary A. Talley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) ---	16. SOCIAL SECURITY NO. unknown		17. INFORMANT AND ADDRESS Records - Springfield State Hospital	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Coronary occlusion	1/2 hour
Antecedent cause(s)	(b) Arteriosclerotic heart disease	more than 5 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Involutional Melancholia	20 years

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---	(CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED --- While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Oct. 27, 1949, to Feb. 11, 1954, that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florian Nadolski M.D.	Florian Nadolski, M.D.	Sykesville, Maryland	2/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/13/54	NAME OF CEMETERY OR CREMATORY Rose Hill Cem	LOCATION (City, town, or county) Hagerstown Md (State)
DATE REC'D BY LOCAL REG. 2-12-54	REGISTRAR'S SIGNATURE C. Harry Weer	24. FUNERAL DIRECTOR A.R. Coffman	ADDRESS Hagerstown Md

BUREAU V. S.

1458

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1453

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carrol MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield, Sykesville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 718 N. Lakewood ave.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Martin

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1954

5. SEX: f
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1/7/1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Skillman
14. MOTHER'S MAIDEN NAME: Laura Gray

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Laura Skillman, 718 N. Lakewood ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

576x

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Peritonitis, sepsis — +2 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Organic brain syndrome with convulsive disorder, mental def. and psychosis

19a. DATE OF OPERATION: 1/21/1954
19b. MAJOR FINDINGS OF OPERATION: Megacolon, stenotic anus, colon obstruction, ventral hern
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1939, to 2/13/, 1954, that I last saw the deceased alive on 2/13/, 1954, and that death occurred at 6.25 pm, from the causes and on the date stated above.

SIGNATURE A. Lubizka (Degree or title) M.D. ADDRESS Springfield Hospital DATE SIGNED 2/14/1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 17, 1954
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 2/16/54
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison St.

11454

1459

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster R.F.D.6
LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Birdhill

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster R.F.D.6
STREET ADDRESS (If rural, give location) Near Birdhill

3. NAME OF DECEASED (Type or Print) (First) Louisa (Middle) B (Last) Mengel

4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 29, 1871

9. AGE last birthday 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work for self

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Carroll County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Martin Bitzel

14. MOTHER'S MAIDEN NAME Elizabeth Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. States Gist, Westminster R.6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary insufficiency — Interval between onset and death: 3 days

Antecedent cause (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerosis 1+ yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arthritis, obesity 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1937, to Feb 12, 1954, that I last saw the deceased alive on Feb 11, 1954, and that death occurred at 3 A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Eleese Wilkens M.D. ADDRESS Westminster DATE SIGNED Feb 13 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Feb. 15, 1954
NAME OF CEMETERY OR CREMATORY Deep Park Luthern
LOCATION (City, town, or county) (State) Carroll County

DATE REC'D BY LOCAL REG. 2/13/54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS H. Bankard & Son, Westminster, Md.

MARGIN RESERVED FOR BINDING

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MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville ✓
LENGTH OF STAY (in this place) since 3/11/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Joseph (Last) MURPHY
4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: Jan. 31, 1883
9. AGE last birthday: 71 yrs. If under 1 year: Months — Days — If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk in store & tinning
10b. KIND OF BUSINESS OR INDUSTRY: --- Work -
11. BIRTHPLACE (State or foreign country): Montgomery Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Cerebral hemorrhage	10 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	several years
	(c) ---	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with cerebral arteriosclerosis	more than 3 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)

TIME OF INJURY (Month) --- (Day) --- (Year) --- (Hour) --- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to Feb. 17, 1954, that I last saw the deceased alive on Feb. 17, 1954, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) I. Werbner M.D. ADDRESS I. Werbner, M.D. Sykesville, Maryland DATE SIGNED 2/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Feb. 20, 1954 — NAME OF CEMETERY OR CREMATORY St. Mary's — LOCATION (City, town, or county) Rockville, — (State) Maryland.

DATE REC'D BY LOCAL REG. 2-18-54 — REGISTRAR'S SIGNATURE C. Harry Elliott — 24. FUNERAL DIRECTOR Roy A. Barber — ADDRESS Taylorsville, Md

MARGIN RESERVED FOR BINDING

FEB 19

1461

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pleasant Valley
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pleasant Valley
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Jacob (Last) Myers

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Oct. 10, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Huckster
10b. KIND OF BUSINESS OR INDUSTRY: Retail Route
11. BIRTHPLACE (State or foreign country): Carroll CO. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick H. Myers
14. MOTHER'S MAIDEN NAME: Eleanora Geiman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-10-2358
17. INFORMANT & ADDRESS: Mrs. Elsie Myers, Pleasant Valley, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Feb 13, 1954, that I last saw the deceased alive on Feb 13, 1954, and that death occurred at 2:20 AM, from the causes and on the date stated above.

SIGNATURE Julius Chapko (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED Feb 14, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 16-54
NAME OF CEMETERY OR CREMATORY St Matthew's Cemetery
LOCATION (City, town, or county) Pleasant Valley (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/16/54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Cl Fussson ADDRESS Taneytown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A15

FEB 1
BUREAU V. S.

1462

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (157)

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place): 82 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) Clifford (Last) Reaver

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 11/27/1871

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): harness maker

10b. KIND OF BUSINESS OR INDUSTRY: owner retail store

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezra K Reaver

14. MOTHER'S MAIDEN NAME: Margaretta E. Currens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Georgia Duttera Reaver Taneytown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 450.0 Arteri Sclerosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5 ..., 19 54, to Feb 17 ..., 19 54, that I last saw the deceased alive on Feb 17, 19 54, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. N. Legg M D — ADDRESS: Union Bridge Md — DATE SIGNED: 2-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 19, 54 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Taneytown, Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 19 1954 — REGISTRAR'S SIGNATURE: Ethel M Mehring Reg

24. FUNERAL DIRECTOR: C.O. FUSS & SON — ADDRESS: Taneytown, Md.

VS. A15

RECEIVED
FEB
BUREAU V. S.

1463

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1459

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown

LENGTH OF STAY (in this place): 10 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown

STREET ADDRESS (If rural give location): 77 York Street

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Vermenia (Last) Reifsnider

4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	August 16, 1876	77 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewrok	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: William A. Shoemaker

14. MOTHER'S MAIDEN NAME: Amanda Eyler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		none	I. Lewis Reifsnider, Taneytown, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Acute Coronary Artery Occlusion	9 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis + Myocardial Degeneration	10 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arteriosclerosis	15 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... ,1941, to Feb. 15, 1954, that I last saw the deceased alive on Feb 15, 1954, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. S. McVaugh	M.D.	Taneytown, Md.	2/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 18, 1954	Reformed Cemetery	Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 18, 1954	Ethel M Melvin Local	C.O. Fuss & Son, Taneytown, Maryland	

BUREAU V. S.

1464

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville; LENGTH OF STAY (in this place): since 10/21/23	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): 111 S. Conkling Street ✓

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) L.	(Last) SHAUCK	4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1954
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: January 29, 1886	9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: ---		11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: John H. Shauck			14. MOTHER'S MAIDEN NAME: Della Alban	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): ---	16. SOCIAL SECURITY NO.: unknown		17. INFORMANT AND ADDRESS: Records of Springfield State Hospital	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

Immediate cause (a) Carcinoma of the left kidney with metastasis to

Antecedent cause(s) to other organs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic reaction, paranoid type

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ---	19b. MAJOR FINDINGS OF OPERATION: ---	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---	(CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ---	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Feb. 14, 1954, that I last saw the deceased alive on Feb. 14, 1954, and that death occurred at 4 P.M. m., from the causes and on the date stated above.

SIGNATURE: Taylor Ockerbee (Degree or title) M.D. ADDRESS: Sykesville, Maryland DATE SIGNED: Feb. 14, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2/18/54	NAME OF CEMETERY OR CREMATORY: Oak Lawn	LOCATION (City, town, or county) (State): Baltimore Md.
DATE REC'D BY LOCAL REG.: 2/15/54	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Clarence F. Hoffman	ADDRESS: 1639 Broadway.

DMG2

MARGIN RESERVED FOR BINDING

1461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01461

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Westminster
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
STREET ADDRESS (If rural, give location) R. 6

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Elizabeth (Last) Shipley

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Marries

8. DATE OF BIRTH: June 5, 1918

9. AGE last birthday: 35 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Gamber, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: E. Claude Brothers

14. MOTHER'S MAIDEN NAME: Amelia I. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: 213-05-3143

17. INFORMANT AND ADDRESS: Tolly T. Shipley, R6 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Thrombosis — Interval Between Onset and Death: 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Hypertension and Coronary Sclerosis — Interval Between Onset and Death: Several yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 19 54, to Feb 18, 19 54, that I last saw the deceased alive on Feb 17, 19 54, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE: Wilson Speicher (Degree or title) ADDRESS: Westminster Md DATE SIGNED: 2-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 21, 1954 | NAME OF CEMETERY OR CREMATORY: Providence Cemetery | LOCATION (City, or town, or county) (State): Gamber, Maryland

DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

1466

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 462

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland ✓
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights,
STREET ADDRESS (If rural give location) 327 Kingston Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) ----- (Last) Simmons
4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: ?/1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----Home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Jennie A. Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of Lung — Interval Between Onset And Death 18 mos
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to convulsive disorder

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION -----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----- (CITY OR TOWN) ----- (COUNTY) ----- (STATE) -----
TIME OF INJURY (Month) ----- (Day) ----- (Year) ----- (Hour) ----- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 12-15-38 to 2-4-, 1954 that I last saw the deceased alive on 2-3-, 1954, and that death occurred at 10:50 P.M. from the causes and on the date stated above.
SIGNATURE M. N. Mastin (Degree or title) ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 2-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-8-54
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) (State) Prince George Co. Md.
DATE REC'D BY LOCAL REGISTRAR 2-6-54
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR W. W. Chambers
ADDRESS 517-11th St. S.E. D.C.

VS. A15

RECEIVED
FEB
BUREAU V. S.

1467

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KeyMar Rural
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md Carroll COUNTY ~~Frederick~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural ~~Detour~~ Keymar
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Newton (Middle) Elmer (Last) Six
4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct.4,1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Six
14. MOTHER'S MAIDEN NAME: Mary C.Stambaugh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs.Newton E.Six Keymar,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4222
Immediate cause (a) Virus Pneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Feb 18, 1954, that I last saw the deceased alive on Feb 17, 1954 and that death occurred at 11 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. H. Mundy M.D. Union Bridge Feb 18 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb.21,1954
NAME OF CEMETERY OR CREMATORY Keysville Cemetery
LOCATION (City, town, or county) (State) Keysville,Md.
DATE REC'D BY LOCAL REGISTRAR Feb 19, 1954
REGISTRAR'S SIGNATURE Ethel M Mehring Local
24. FUNERAL DIRECTOR C.O.FUSS & SON
ADDRESS Taneytown,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

1468

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1464

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural--Sykesville
LENGTH OF STAY (in this place) 15yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural--Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) A. (Last) SMITH
4. DATE OF DEATH: (Month) FEB, (Day) 5 (Year) 1954

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 8-28-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Smith
14. MOTHER'S MAIDEN NAME: Carrie Barnes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Frank O. Smith, Sykesville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4431
Immediate cause (a) hypertensive cardio-vascular disease — 10-15 yrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) generalized arteriosclerosis — 15-20 yrs
DUE TO
(c) senile changes — 20+ yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE - HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19 , to 2-5, 1954, that I last saw the deceased alive on 2-5-, 1954, and that death occurred at 11:20P:M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lawson - M.D.
ADDRESS Liberty Road at Eldersburg, Sykesville, Md.
DATE SIGNED 2-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 2-8-1954
NAME OF CEMETERY ~~OR CREMATORY~~ White Rock
LOCATION (City, town, or county) (State) Carroll Co., Maryland

DATE REC'D BY LOCAL REGISTRAR 2-8-54
REGISTRAR'S SIGNATURE Edna M. Hewitt
24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVE
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BUREAU V.

1469

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hampstead Md
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Hillcrest Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Md
STREET ADDRESS (If rural, give location) 109 Hillcrest Ave

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Milton (Last) Stuller

4. DATE OF DEATH: (Month) (Day) (Year) February 1 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: September 13, 1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: Leha Crist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Georgia Snyder, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 422.1 (a) Chronic Myocarditis. — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Arteriosclerotic Cardio Vascular Disease. — ?

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1 1953 to Feb 1 1954, that I last saw the deceased alive on Feb 1 1954 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Joseph E Bush (DEGREE OR TITLE) M D ADDRESS Hampstead Md DATE SIGNED 2-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Interred — DATE THEREOF 2-5-54 — NAME OF CEMETERY OR CREMATORY Taneytown — LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. 2/5/54 — REGISTRAR'S SIGNATURE Henry J Reins

24. FUNERAL DIRECTOR Edgar Stylton, Hampstead Md — ADDRESS

FED
BUREAU V. S.

1470

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1661

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Keymar-Rural-R.D.#3
LENGTH OF STAY (in this place) 5Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Keymar Rural R.D.#2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) PHILIP DERR (Last) SUMMERS, Sr.

4. DATE OF DEATH: (Month) February (Day) 2, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 9,1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip W. Summers

14. MOTHER'S MAIDEN NAME: Margaret A. M. Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 218-24-1888

17. INFORMANT & ADDRESS: Mrs. Cora H. Summers. Keymar R.D.#2, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

590X

Immediate cause (a) DUE TO Acute Nephritis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Paralysis

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ..., 1953, to Feb 2, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 5:55 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Messler (Degree or title) M.D. ADDRESS Union Bridge, Maryland DATE SIGNED 2/3/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb.5,1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) UnFrederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 5 Feb 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 10/12/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1115 Riverside Avenue

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Henry (Last) THOMAS

4. DATE OF DEATH (Month) February (Day) 7 (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Nov. 5, 1889

9. AGE last birthday 64 yrs. If under 1 year: Months — Days — If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~Laborer~~ FIRE FIGHTER

10b. KIND OF BUSINESS, OR INDUSTRY BALTO Fire Department

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Henry Thomas

14. MOTHER'S MAIDEN NAME Mary E. Schroder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. unknown

17. INFORMANT AND ADDRESS Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ---

322.1 (c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with chronic alcoholism — 3 yrs.

19a. DATE OF OPERATION ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) ---

INJURY OCCURRED While at Work ☐ Not While At work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 10-12, 1950, to Feb. 7, 1954, that I last saw the deceased alive on Feb. 7, 1954, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sykesville, Md. DATE SIGNED 2/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] DATE 2-11-54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) A. A. Co., Md.

DATE REC'D BY LOCAL REG. 2-8-54 REGISTRAR'S SIGNATURE C. Henry Weer

24. FUNERAL DIRECTOR [illegible] ADDRESS 1400 S. Charles St.

DR. IZADOTC WEYBNEY

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1472

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Churchhill

3. NAME OF DECEASED (Type or Print) (First) FRANCES (Middle) — (Last) TREECE

4. DATE OF DEATH (Month) February (Day) 12 (Year) 1954

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 11, 1906
9. AGE last birthday 48 47 yrs. If under 1 year Months. Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse, housewife
10b. KIND OF BUSINESS OR INDUSTRY Unk.
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 12 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia paranoid type — 15 years and longer

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Feb. 12, 1954, that I last saw the deceased alive on Feb. 12, 1954, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt M.D. (Degree or title) ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 2/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2. 16-54
NAME OF CEMETERY OR CREMATORY Lonaconing
LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REG. 2-13-54
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR M. Eichorn - ADDRESS Lonaconing, Md.

RECEIVED
BUREAU V. S.

1473

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills
LENGTH OF STAY (in this place) 18 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadowview Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 96 E. Main

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) WILKINS (Last) TREW

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 15, 1861
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Ret. Own farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William G. Trew
14. MOTHER'S MAIDEN NAME: Martha Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs L. N. Hitchcock 96 E. Main Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Generalized Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 2-15, 1954 that I last saw the deceased alive on 2-15, 1954, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE James T. Marsh (DEGREE OR TITLE) M D ADDRESS Westminster Md DATE SIGNED 2/16/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Feb. 17, 1954 NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery LOCATION (City, town, or county) Chestertown (State) Md.

DATE REC'D BY LOCAL REG. 2/16/54 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR H. Bankard & Son ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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1474

MARYLAND

11470

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (In this place) since 10/22/53 3 MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1205 N. Decker Ave, Baltimor 13

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year) 19
Harry	Gilmore	Watts Sr.	Febr.	24.	54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hr Hours	Min.
M	W	Widow	10/29/1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired Watchman	Penmar Bldg. Supply	Maryland Baltimore	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshia Watts	Rachel unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown unknown	unknown	Rrcords of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Chronic Brain Syndrome assoc. with Cerebral Arterio-

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. sclerosis Left Hemiplegia Hypertension — 15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from Febr. 18 ..., 1954..., to Febr. 24..., 1954..., that I last saw the deceased alive on Febr. 24..., 1954..., and that death occurred at 5.55 p. m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross, M.D. (Degree or title) ADDRESS Sykesville, Md DATE SIGNED 2/24/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 27, 1954	Meadowridge Cem.	Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-25-54	[illegible]	John C. Miller Inc.	2431 E. Oliver St.

MARGIN RESERVED FOR BINDING

1475

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01471

Reg. Dist. No. 70

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleburg

LENGTH OF STAY (in this place) 45 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Carroll

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Keymar

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anne (Middle) Mary (Last) Winemiller

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct 12, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Wesley Winemiller

14. MOTHER'S MAIDEN NAME: Anne Rebecca Dern

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Geroge Winemiller, Middleburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1954, to 2-1-, 1954, that I last saw the deceased alive on 2-1-, 1954, and that death occurred at 10 PM from the causes and on the date stated above.

SIGNATURE J. H. Legg M.D. (Degree or title) ADDRESS Union Bridge (M) DATE SIGNED 2-4-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF 2/4/54

NAME OF CEMETERY OR CREMATORY Methodist Cemetery

LOCATION (City, town, or county) (State) Middleburg, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 4, 1954

REGISTRAR'S SIGNATURE Ethel M Mehring Local

24. FUNERAL DIRECTOR C.O.Fuss & Son ADDRESS Taneytown, Maryland

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